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Date: October 25th 2006 **Number of pages** (Including cover): 8

To: US Patent and Trademark Office

Fax No.: (571) 273-8300

Serial No.: 10/723,987-Conf. #7973

Title: LIGHT EMITTING DEVICES WITH PATTERNED SURFACES

From: Robert H. Walat

Direct dial: (617) 646-8000

Our File #: L0655.70011US01

CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. §1.8(a)

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Milenee Chw Seano
Signature

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MESSAGE: Transmitted herewith is/are Information Disclosure Statement, Fee Transmittal, Summary of Examiner Interview and Terminal Disclaimer
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PTO/SB/21 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/723,987-Conf. #7973
		Filing Date November 26, 2003
		First Named Inventor Alexei A. Erchak
		Art Unit 2822
		Examiner Name M. Lewis
Total Number of Pages in This Submission 1		Attorney Docket Number L0655.70011US01

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavite/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Summary of Examiner Interview
Remarks		
Please charge deposit account 23/2825 in the amount of \$245.00 to cover filing fees.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Robert H. Walat		
Date	October 25, 2006	Reg. No.	46,324

Certificate of Transmittal Under 37 CFR 1.8

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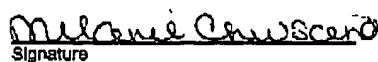
OCT 25 2006

Docket No.: L0655.70011US01
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alexei A. Erchak et al.
 Serial No.: 10/723,987
 Confirmation No.: 7973
 Filed: November 26, 2003
 For: LIGHT EMITTING DEVICES WITH PATTERNED SURFACES
 Examiner: M. Lewis
 Art Unit: 2822

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SUMMARY OF EXAMINER INTERVIEW

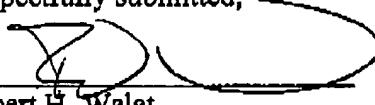
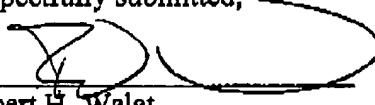
Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

The Examiner initiated a telephone interview with Applicant's representative Robert Walat on October 24, 2006. The Examiner indicated that the application would be placed in condition for allowance if claim 1 and appropriate dependent claims were amended (by Examiner's Amendment) to recite that the pattern is "nonperiodic" and if a terminal disclaimer was filed with respect to commonly-owned U.S. Patent No. 6,831,302. Applicant's representative agreed to the Examiner's Amendment and is filing the terminal disclaimer herewith. Applicant's representative also noted that an information disclosure statement would also be filed herewith.

Dated: October 25, 2006

Respectfully submitted,


 By 
 Robert H. Walat

 Registration No.: 46,324
 WOLF, GREENFIELD & SACKS, P.C.
 Federal Reserve Plaza
 600 Atlantic Avenue
 Boston, Massachusetts 02210-2206
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PAGE 3/8 * RCVD AT 10/25/2006 3:56:00 PM [Eastern Daylight Time] * SVR:USPTO-EXRF-3/5 * DNIS:2738300 * CSID: * DURATION (mm:ss):03:22

OCT 25 2006

PTO/SB/17 (07-08)

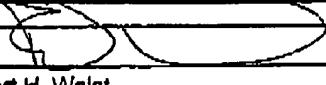
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/723,987-Conf. #7973	Filing Date: November 26, 2003
<input checked="" type="checkbox"/> First Named Inventor: Alexei A. Erchak		Examiner Name: M. Lewis	Art Unit: 2822
TOTAL AMOUNT OF PAYMENT	(\$) 245.00	Attorney Docket No.: L0655.70011US01	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
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<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 = _____ x _____ = _____				Fee (\$)	Fee Paid (\$)	Small Entity	
HP = highest number of total claims paid for, if greater than 20.				50	25		
Indep. Claims				Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)
- 3 = _____ x _____ = _____				HP = highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	Fee (\$)	
- 100 = _____ /50 (round up to a whole number) x _____ = _____				= _____		= _____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00							
1806 Submission of an Information Disclosure Statement 180.00							

SUBMITTED BY				Registration No. (Attorney/Agent)	46,324	Telephone	(617) 648-8000
Signature			Date	October 25, 2006			
Name (Print/Type)	Robert H. Walat						

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